



HSLJ Transcript Request:

The following information is needed to process your transcript request(s). Please write legibly

The cost is \$2 per transcript requested.

PLEASE PRINT LEGAL NAME:

First: _____ Middle: _____ Last: _____

DOB: _____ Student ID #: _____ (Anticipated) Graduation Date: _____

Signature (Student or Parent): _____ Date of Request: _____

REQUEST FOR:

_____ Official Transcript

University /Facility Name: _____ Attn.
(Specific Department Name or Person): _____

Admissions Office Address or email address: _____

City /State /Zip Code: _____

_____ Common Application (Common App)/Apply Texas - Counselor _____

_____ Personal Copy

_____ Pick up Copy in Person (Please Allow 48 Hours for Processing)

(TO BE COMPLETED BY OFFICE STAFF ONLY)

Request Processed by: _____ Date Mailed by the Registrar's Office: _____

Amount Collected: _____ Payment Date: _____

Additional Documents Provided to be Included: No Yes _____